



Natural Resources Conservation Service  
375 Jackson Street, Suite 600  
St. Paul, MN 55101-1854

Phone: (651) 602-7900  
FAX: (651) 602-7914

---

Transmitted via Email

October 29, 2004

MINNESOTA BULLETIN NO. 300-5-4

SUBJECT: LTP – Processing Environmental Quality Incentives Program (EQIP) Requests for Payments

Purpose. Provide guidance on interim procedures for processing EQIP payment requests and tool for verifying payment limitations.

Expiration Date. September 30, 2005.

Effective October 1, 2004, NRCS assumed full administrative responsibility for EQIP, including processing payment requests for all 1997 through 2004 contracts and beyond. Contract information from the Farm Service Agency's (FSA's) System 36 was migrated into ProTracts on October 1, 2004. The process and priority for field offices to reconcile these records has been transmitted in a previous bulletin.

Payments for **ALL** EQIP contracts are now initiated from ProTracts. A behind-the-scenes software application called Fund Manager formats obligation and payment approvals from ProTracts and forwards the document to the Foundation Financial Information System (FFIS). FFIS is the required accounting system for entering obligations and payments into the Federal accounting system.

Upon receipt of a payment request for a completed EQIP practice, Designated Conservationists will take the following actions:

1. Identify the contract associated with the payment(s).
2. If needed, use the ProTracts function called "Reconcile FSA Contract" (located under the Contracts option on the menu bar) to reconcile the EQIP contract and complete migration of the contract into the ProTracts database.
3. Use participant information and the contract number to access payment limitation and compliance data on the new "EQIP Payment Limitations Lookup" site (located on my.NRCS under programs/EQIP migration).  
<https://protracts.sc.egov.usda.gov/protractsfundmgr/FundMgr/EQIPLimitationQuery.aspx>  
Field offices may want to bookmark this site for use during the interim payment process. This Web site will display the information necessary to verify that payment limitations have not been exceeded.
4. Follow web site instructions to obtain the report. Print this screen and attach to the participant signed CCC-1245. Request the HELC/WC information from FSA. FSA will provide a report titled MABDIG for HELC/WC compliance.

5. Complete the practice Certification and Payment Instructions for each practice certified complete. The Payment Instructions button must be opened and the information accepted as 'OK' in order for the Approve Payment button to be activated. Print out a CCC-1245 for the participant's signature. Note the signature date of the producer **MUST** be the same date or a date prior to the electronic certifying date by the designated conservationist. The designated conservationist WILL NOT forward CCC-1245's until all participants have signed the payment application
6. Verify the participants, name, address, payment shares, and direct deposit information by printing a SF1199A and having the person sign the form. If assignment of payment is to be completed, the participant will provide a CCC-36 to NRCS for assignment.
7. Per your Area's policy, immediately provide the following documents to the Area Office for payment and technical review.

(Immediately means the same day as the practice is certified). The state office is pursuing the option of using digital photography and shared drives for transmitting these documents, but for now faxing is recommended.) The process of completing these payments will take three to five days if the information entered into ProTracts and faxed to the area office is accurate and complete. Field offices not following these instructions will create delays in processing the payments.

- ☐ A copy of the CCC-1200 signature page, showing the participant's signature for the contract. This will be the page displaying block 10, Contract Participants.
  - ☐ Request for Payment CCC-1245, manually signed by the producer. Fax receipts with the CCC-1245 where the practice is cost-shared as actual not to exceed a specified maximum (AM) or a cost estimate. Designated Conservationist will attach the practice certification documents to the back of this form and file in part six of the six part contractual folder.
  - ☐ Standard Form 1199A, Direct Deposit information. The information gathered from the participant(s) will be verified under the participant information in ProTracts and corrected by the field office staff if needed. This information must be verified. See attached for information on completing the SF-1199A. Retain the producer signed copy of this form in part six of the six part contractual folder.
  - ☐ Assignment of Payment Form CCC-36, if participant is assigning the payment or a portion of the payment to a third party. If used, retain the producer signed copy of this form in part six of the six part contractual folder.
  - ☐ If needed, Power of Attorney (POA) and/or other articles of incorporation designating signature authority
8. Following the Area Office review, either the Designated Conservationist or designated area staff member (not the ASTC(FO)) will complete the CCC-1245 by selecting 'Approve Payment' for the practice if **all** of the following apply:
    - The requested amount does not exceed the remaining payment limitation.
    - All tract flags show that the participant meets HELC/WC compliance requirements.
    - There is no change in the total contract obligation needed.
  9. The ASTC(FO) certifies the payment in FFIS.
  10. Payment requests involving a change in contract obligation (increase in total contract funds) will require consultation with the ASTC(FO) to process a contract modification. The modification option in EQIP is currently suspended until the contract reconciliation is completed with FSA nationally. The contract modification process will be turned on in the near future.
  - 11.** Payments and obligations that have been processed through FFIS will update the databases supporting the "EQIP Payment Limitation/Eligibility Web site."

**EQIP Payment Limitation/Eligibility Web site**

Individuals and entities having contracts obligated after the 2002 farm bill cannot receive more than \$450,000 in EQIP financial assistance. A module in ProTracts is being developed to enable field personnel to confirm that an EQIP participant has not exceeded this limit and meets HELC/WC requirements. The interim procedures described in this bulletin will be used only during the first few weeks of fiscal year 2005. **It is essential that NRCS employees follow these procedures to minimize the risk of making erroneous payments!**

When an eligibility module is available in ProTracts, the web site identified in item 3 and 4 will be deactivated, and most of the actions described above will be performed within ProTracts using web service access to NRCS and FSA databases.

**Practice Payments for 1997 - 2003 Contracts**

FSA's System 36 did not record conservation practice components in the automated system. As a result, the decision was made, nationally, to include one component in the ProTracts migrated contract for each practice recorded in System 36. Modifications to these contracts to re-establish the components have been disallowed. This will require each CCC-1245 to be processed having only one component. A side record will be required to be completed and submitted for each payment where multiple components were used in the calculation of the cost-share payment. Fax the calculations with the CCC-1245 to ASTC(FO) as previously described.

//s//

WILLIAM HUNT  
State Conservationist

Attachment

DIST: ASTC(FO)  
ARC  
DC  
MN EQIP

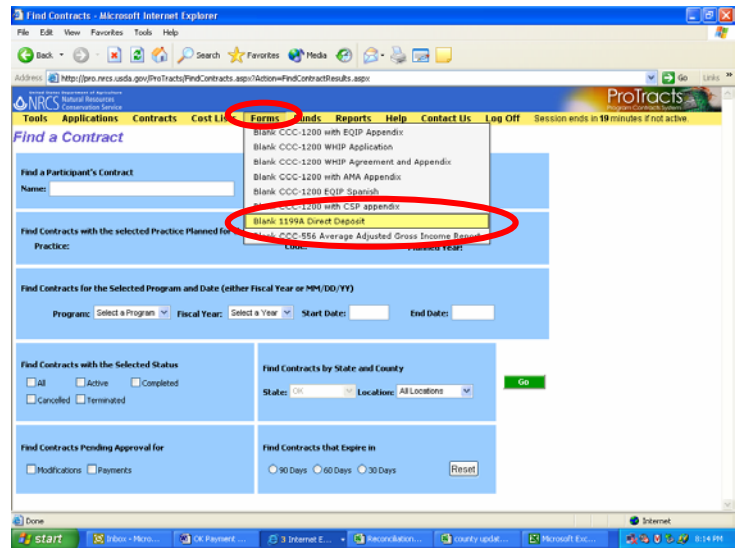
## SF-1199A

This form is available for printing from the Forms menu option in ProTracts.

Print and complete for the initial NRCS payment application processed for each EQIP contract participant.

NRCS will use this form to verify and/or enter into ProTracts the banking account information for the electronic processing of contract payments.

Each participant receiving a payment share must sign for their account.



Standard Form 1199A  
(Rev. June 1997)  
Prescribed by Treasury  
Department  
Treasury Dept. CA 1005

OMB No. 1510-0007

### **DIRECT DEPOSIT SIGN-UP FORM**

#### **DIRECTIONS**

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of the form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

#### **SECTION 1 (TO BE COMPLETED BY PAYEE)**

<b>A. NAME OF PAYEE (last, first, middle initial)</b>		<b>D. TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS</b> (street, route, P.O. Box, APO/FPO)		<b>E. DEPOSITOR ACCOUNT NUMBER</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>TELEPHONE NUMBER</b>	<b>AREA CODE</b>		
<b>B. NAME OF PERSON(S) ENTITLED TO PAYMENT</b>		<b>F. TYPE OF PAYMENT (Check only one)</b>	
		<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Fed Salary/ML Credit Pay <input type="checkbox"/> ML Active <input type="checkbox"/> ML Retiree <input type="checkbox"/> ML Survivor <input type="checkbox"/> Other	
<b>C. CLAIM OR PAYROLL ID NUMBER</b>		<b>G. THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
<b>Prefix</b>	<b>Suffix</b>	<b>TYPE</b>	<b>AMOUNT</b>
<b>PAYEE/Joint PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>

Second number in sequence is the individuals account number.

Richard and Cindy Jones		1800
		20
		\$
<b>VOID</b>		DOLLARS
ANYTOWN BANK Anytown, MI 49111		
For	279999999	XXXXXXXXXX 1800
Routing Transit Number (line 2B)		Account Number (line 2C)

First number in sequence is the institution routing number.

#### **SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

<b>GOVERNMENT AGENCY NAME</b>		<b>GOVERNMENT AGENCY ADDRESS</b>	
<b>SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)</b>			
<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b>		<b>ROUTING NUMBER</b>	
		<b>DEPOSITOR ACCOUNT TITLE</b>	
<b>FINANCIAL INSTITUTION CERTIFICATION</b>			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b>	<b>SIGNATURE OF REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>	<b>DATE</b>

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

**DO NOT COMPLETE THESE SECTIONS OR REFER TO A BANK FOR NRCS PROGRAM PAYMENTS**